

# Voices Against Violence Program

## Sexual Assault and Relationship Violence Incident Report Form

This form needs to be filled out for every contact, regardless of when or where the assault occurred, and returned to University Counseling Services. This form is intended to convey information needed to track the University response to the incident being reported, as well as to assess the danger the incident represents to the community at large. All efforts must be made to maintain the victim's anonymity; no information should be included which might identify the victim.

Incident # (to be filled out by UCS staff) \_\_\_\_\_

Today's Date: \_\_\_\_\_ Reporter's Name \_\_\_\_\_

Reporter's Dept/Agency \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date of discussion with victim: \_\_\_\_\_

Victim's: Age: \_\_\_\_\_ Academic year (if student): \_\_\_\_\_ Sex: \_\_\_\_\_  
Role on campus: Student \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_

If the assault occurred on campus, indicate generally where (do not give specific room numbers or any other information that would identify the victim):

If assault occurred off-campus, indicate generally where (do not give specific address or any other information that would identify the victim):

Approx. time of incident: \_\_\_ 8am-5pm \_\_\_ 5pm-Midnight \_\_\_ Midnight-8am \_\_\_ Unknown

Describe the Incident:

\_\_\_ Sexual contact (fondling, kissing, petting, but not penetration) without consent

\_\_\_ Intercourse (oral, anal or vaginal penetration by penis or other object) without consent

\_\_\_ Relationship Violence (Assault such as hitting, shoving, slapping, arm twisting, name calling committed by an intimate partner)

\_\_\_ Other (describe): \_\_\_\_\_

Over

Alcohol Use: \_\_\_by victim \_\_\_by assailant \_\_\_Unknown  
Drug Use: \_\_\_by victim voluntarily \_\_\_by victim unknowingly \_\_\_by assailant \_\_\_Unknown

Describe the kind of pressure or force used by the assailant:

- None
- Verbal pressure or arguments
- Position of authority (boss, teacher, supervisor, etc)
- Threat of physical force (threatened to hit, hold, or otherwise injure)
- Actually used physical force (hit, held down, twisted arm, etc)
- Gave victim alcohol or drugs so victim was significantly incapacitated
- Weapon
- Other (describe): \_\_\_\_\_

Number of assailants: \_\_\_\_\_ Describe below:

**Assailant 1:**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ No campus role \_\_\_ Unknown \_\_\_\_\_  
Stranger \_\_\_ Relative \_\_\_ Friend \_\_\_ Acquaintance \_\_\_ Romantic partner \_\_\_\_\_

**Assailant 2:**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ No campus role \_\_\_ Unknown \_\_\_\_\_  
Stranger \_\_\_ Relative \_\_\_ Friend \_\_\_ Acquaintance \_\_\_ Romantic partner \_\_\_\_\_

**Assailant 3:**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ No campus role \_\_\_ Unknown \_\_\_\_\_  
Stranger \_\_\_ Relative \_\_\_ Friend \_\_\_ Acquaintance \_\_\_ Romantic partner \_\_\_\_\_

Other departments or agencies the victim reported this assault to:

- Sexual Violence Response Committee
- Residential Life
- Counseling Center
- Student Life
- Faculty/Staff member
- Other: (describe) \_\_\_\_\_
- University Health Services
- Campus Police
- Local Police
- Women's Center